

Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

Commonwealth of Massachusetts	CLECTION DEPT.
File with: City or Town Clerk or Election Commission Please print or type all inf	ormation, except signatures. 20 P 12: 56
Fill in dates: Month Date Yes Reporting Period Beginning / \$ 1 201	
Type of report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	n 30 day after election Year-end report dissolution
SUZCINIR W. Bremer Full Name of Candidate (if applicable) MGYOY Caty Wide Office Sought and District 33 (olumbus Ave Somerville MA Residential Address 02143 Tel. No. (optional)	Committee to Elect Suzanne Bremer Committee Name Jane Perrouse Name of Committee Treasurer 33 Columbus Are Somerville, MA Committee Mailing Address 02143 Tel. No. (optional)
Line 1: Ending balance from prevalue 2: Total receipts this period Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period Line 5: Ending balance (line 3 minus line 6: Total in-kind contributions to Line 7: Total (all) outstanding liabil Line 8: Name of bank(s) used	(page 2, line 11) \$\frac{789.00}{968.90}\$ riod (page 3, line 14) \$\frac{402.00}{566.90}\$ this period (page 4) \$\frac{1}{5}\$ ities (page 4) \$\frac{1}{5}\$
campaign finance activity, including all contributions, loans, receipts, expendit	is, to the best of my knowledge and belief, a true and complete statement of all ures, disbursements, in-kind contributions and liabilities for this reporting period athority or on behalf of this committee in accordance with the requirements of perjury:
FOR CANDIDATE FILINGS ONL	Y: (CANDIDATE MUST SIGN BELOW)
Affidavit of Candidate: (check 1 box only) Candidate with Committee and no activity independent of the committee for certify that I have examined this report including attached schedules and it is campaign finance activity, of all persons acting under the authority or on bethave not received any contributions, incurred any liabilities nor made any experting Candidate without Committee OR Candidate with independent activity I certify that I have examined this report including attached schedules and it is campaign finance activity, including contributions, loans, receipts, expenditure.	es, to the best of my knowledge and belief, a true and complete statement of all half of this committee in accordance with the requirements of M.G.L. c. 55. Inditures on my behalf during this reporting period. filling separate report s, to the best of my knowledge and belief, a true and complete statement of all hes, disbursements, in-kind contributions and liabilities for this reporting period of thority or on behalf of this committee in accordance with the requirements of

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

This page may be copied if additional pages are required to report all receipts. Please include your committee name and a page

Date Received		Amount		Occupation & Employer (for contributions of \$200 or more)
1/21/10	M. Brenner 3 South Point Cross, Savannah GA	\$100	00	
	B. Brooks 32 Columbus Ave Somerville MA J. Crock Brd	75	∞	
7/11/10	J. Crock Ford 62 Union Ave, Jamaica Plain M.	100	60	
3/20/10	5408 3310 CT SE LOCKY WA	100	∞	
3/21/10	M. Siger Clyde St, Somerville MA C. Sciortino	100	00	
6/17/10	C. Sciortino 17 Orchard St., Medford MA	100	60	
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				•
			-	
			•	•
Line 9: T	otal receipts in excess of \$50 (or listed above)	\$ 575	00	
<u> </u>	otal receipts \$50 and under* (not listed above) OTAL RECEIPTS IN THE PERIOD	\$214	50	Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

This page may be copied if additional pages are required to report all expenditures. Please include your committee name and a page

number on each page.

Date Paid		Address	Purpose of Expenditure	Am	ount
3/20/10	Emerge MA	41 West St. Boston, MA	Training	\$175	00
2/13/10	MA Democratic Pary	SG Proland St Boston, MA	Convention repetation		00
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	,				
		Line 12: I	Expenditures over \$50	250	60
	·		Expenditures \$50 and under*	152	00
F	Enter on page 1, line 4	Line 14:7	TOTAL EXPENDITURES	\$402	00

^{*}If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		· · · · · · · · · · · · · · · · · · ·	. ,	
		·		
		NA		
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		Line 15:	In-kind over \$50	
		Line 16:	In-kind \$50 and under	
	Enter on page 1, line 6	Line 17:	Total In-kind	

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
		NA		
··				
	Enter on page 1, line 7	Line 18: OUTSTANDING	LIABILITIES (ALL)	

This page may be copied if additional pages are required to report all activity. Please include your committee name and a page number on each page.

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